

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001572

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 212

FILED JAN 28 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Vitalio Sangalang MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 83 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 4104 Ellledge Drive	
3. NAME OF DECEASED (Type or print) First JUNIOUS Middle ROLLIN Last FOX		4. DATE OF DEATH Month JANUARY Day 11, Year 1963	
5. SEX WHITE MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-8-93
9. AGE (last birthday) 70 69		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Milo, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John J. Fox		13b. MOTHER'S MAIDEN NAME Minnie Lanier	
14. NAME OF HUSBAND OR WIFE Thelma L. Fox		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WWI	
16. SOCIAL SECURITY NO.		17. INFORMANT Thelma L. Fox Address VA HOSPITAL OFFICIAL RECORDS, K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC OBSTRUCTIVE PNEUMONITIS, RIGHT LOWER LOBE CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) BRONCHOGENIC CARCINOMA OF RIGHT LOWER LOBE DUE TO (c) BRONCHUS WITH MASSIVE HEPATIC METASTASIS		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 10-19-62 to 1-11-63		Death occurred at 5:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Vitalio Sangalang (Degree or title)		22b. ADDRESS M.D., VA Hospital, Kansas City, Mo.	
22c. DATE SIGNED 1-12-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 15, 1963		23c. NAME OF CEMETERY OR CREMATORY Fort Leavenworth National Cemetery	
23d. LOCATION (City, town, or county) Fort Leavenworth Kansas		24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 1-14-63		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indes, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.